

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5	1		1			
6		1		1		
7	1		1			
8		1		1		
9		40		0		
10		80		0		
11		80		0		
12		0		0		
13		0		0		
14		80		0		
15		0		0		
16		0		0		
17		0		0		
18		0		0		
19		0		0		
20		0		0		
21		80		0		
22		0		0		
23		0		0		
24		0		0		
25		1		1		
26		1		1		
27		1		1		
28		1		0		
29		12		12		
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49						
50						
TOTAL IND.	44					
TOTAL DEP.	4336					
TOTAL CLAIMS	47					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

40

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS